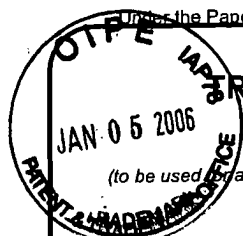


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**TRANSMITTAL  
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Application Number	<b>10/081,309</b>
Filing Date	<b>Feb. 21, 2002</b>
First Named Inventor	<b>Michael Brandt</b>
Art Unit	<b>1644</b>
Examiner Name	<b>Chandra, G.</b>
Attorney Docket Number	<b>20859</b>

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please Identify below): |
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Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm  
or  
Individual name**Robert P. Hoag**

Signature

*Robert P. Hoag*

Date

**Jan. 3, 2006****CERTIFICATE OF TRANSMISSION/MAILING**

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